



INDIANA FORECLOSURE PREVENTION NETWORK

Indiana Foreclosure Prevention Network
Network Agency Application – 2011/2012 Contract Year

1. **Organization Name:** _____

2. **Address:** _____
City State Zip

3. **Website:** _____

4. (_____)_____-_____
Phone

5. (_____)_____-_____
Fax

6. **Is the Organization already an IFPN Network Agency?** Yes ☐ No ☐

7. **Is the Organization a non-profit?** Yes ☐ No ☐

8. **Is the Organization a HUD Certified Foreclosure Counseling organization?** Yes ☐ No ☐

9. **Does the Organization receive funding other than through the IFPN for Foreclosure Counseling Activities?** Yes ☐ No ☐

10. **If the answer to Question 9 is Yes, please list all other funding sources:**

11. **Is the Organization participating in Indiana's Hardest Hit Fund (HHF) as an Administrating Agency?** Yes ☐ No ☐

12. **If the answer to Question 11 is No, please explain how HHF qualified homeowners will be referred to an area HHF Administrator:**

13. **Executive Director:** _____

14. (_____)_____-_____
Phone

15. **Email:** _____



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16. IFPN Contact: _____

17. (_____)_____-_____
Phone

18. Email: _____

19. Please list all counties Organization will provide IFPN Services in:

_____	_____
_____	_____
_____	_____
_____	_____

20. Please list all Indiana HELPS Certified Foreclosure Counselors:

_____	_____
_____	_____
_____	_____
_____	_____

21. Please list all partially Certified Foreclosure Counselors:

_____	_____
_____	_____
_____	_____
_____	_____

22. How many IFPN clients does the Organization plan to serve* during the 2011/2012 contract year (July 1, 2011-June 30, 2012)? _____

23. Does the Organization currently use the CounselorDirect system or does it plan on using it in the near future? Yes ☐ No ☐

24. Will the organization be a sub grantee of IHCD's NFMC funds? Yes ☐ No ☐

If the answer to Question 26 is Yes, please answer questions 25-28. If the answer to question 26 is No, please go directly to Question 31.

25. How many IFPN clients does the Organization anticipate completing Level One counseling during the contract year? _____

26. How many IFPN clients does the Organization anticipate completing Level Two counseling during the contract year? _____



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27. What will the Organization do with the additional 10% Administrative Program Support funds for the contract year?

If you answered No to Question 26, please complete Question 28-29.

28. Will the Organization be an IFPN Affiliate (only takes \$50 referral fees)?** Yes ☐ No ☐

29. How many IFPN referrals does the Organization anticipate assisting for the contract year?

* IFPN Affiliates may take \$50 referral fees only for those clients who are referred through the IFPN. NFMCA Sub-Grantees may submit claims for Level One and Level Two counseling for any clients requiring foreclosure counseling at their organization, regardless of referral source.

** Note that an Organization may only be an NFMCA Sub-grantee or an IFPN Affiliate.

Please attach the following to this application:

- A one (1) page narrative as to the Organization's skills, abilities, and knowledge relating to the expectations and responsibilities of being an IFPN Network Agency (1 page).
- Financial statements for previous two (2) years, preferably audited (2-3 pages).

Mail this completed application and all supplemental information to the following address:

IFPN/HHF Coordinator
Indiana Housing & Community Development Authority
30 S. Meridian Street, Suite 1000
Indianapolis, IN 46204
Attention: IFPN Network Agency Application

Applications received without all of the items listed above will be considered incomplete, and will be withdrawn from consideration. Applications must be received by June 1, 2011 to be considered for funding for the 2011/2012 contract year.

NOTE: IHCD has selected personnel to evaluate applications.

This application is issued subject to the following terms and conditions:

- Each application will be evaluated on the information submitted, as well as the applicant's past performance in the IFPN.
- Respondents will be notified by mail or email of IHCD's decision.
- Submitting this application does not guarantee that the applicant will be chosen as a Network Agency.
- IHCD reserves the right to reject any applications, to waive any informality in the application



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process, or to terminate the application process at any time, if deemed to be in its best interest.

- Even if selected, an applicant will not be considered a “Network Agency” unless and until entering into the required contract with IHCD.
- By submitting an application, each applicant waives all rights to protest or seek any remedies whatsoever.
- All applications received will become the property of IHCD and will not be returned.